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## *Medical Review Matching of Electronic Claims and Additional Documentation in the Medical Review Process*

**Note:** This article was revised to contain Web addresses that conform to the new CMS web site and to show they are now MLN Matters articles. All other information remains the same.

### Provider Types Affected

All Medicare physicians, providers, and suppliers

### Provider Action Needed

#### **STOP – Impact to You**

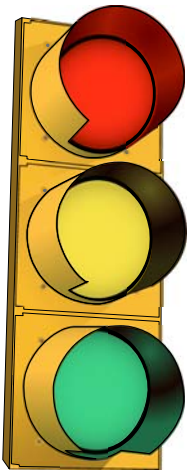
Other than certain limited exceptions, such as for providers that employ very few employees, the Centers for Medicare & Medicaid Services (CMS) currently instructs all initial claims to be filed electronically. This is true even when the claim will be subjected to prepayment medical review.

#### **CAUTION – What You Need to Know**

Generally, Medicare contractors (carriers, durable medical equipment regional carriers (DMERCs), and fiscal intermediaries (FIs), including regional home health intermediaries (RHHIs), cannot require or permit the voluntary submission of paper claims. If any supporting paper documentation is necessary for medical review, it can only be solicited by the contractor and submitted through the Additional Documentation Request (ADR) or alternate contractor process that permits matching. This supporting documentation must be submitted separately from an electronic claim, at the contractors' request. **Exception:** At their discretion, some contractors accept unsolicited paper supporting documentation, if they can match the electronic claim and paper documentation.

#### **GO – What You Need to Do**

File initial claims electronically when subjected to prepayment medical review unless you are in an "excepted" category. Unless your contractor informs you that they accept supporting paper documentation with the electronic claim, submit all supporting documentation through the regular ADR process, or alternate contractor process that permits matching.



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## Background

Although Medicare contractors may use any information they deem necessary to make a prepayment or post-payment claim review determination, contractors may not require providers or suppliers to file initial claims on paper to Medicare when the claim requires additional documentation. The Administrative Simplification Compliance Act requires providers, with very few exceptions, to submit claims electronically.

Medicare contractors may not require or request of any provider the submission of supporting documentation with the initial claim(s) through contractor developed forms, local policies, or any other communication with providers. Medicare contractors may only request supporting documentation through the ADR process or alternate contractor process that enables matching of the documentation to the initial claim.

## Additional Information

The *Medicare Claims Processing Manual*, Chapter 24, Section 90, contains information regarding the limited circumstances under which your contractor may request paper claims. The manual is available at <http://www.cms.hhs.gov/manuals/downloads/clm104c24.pdf> on the CMS web site.

The official instruction issued to your carrier/intermediary/DMERC/RHHI regarding this change may be found by going to <http://www.cms.hhs.gov/transmittals/downloads/R131PI.pdf> on the CMS web site.

You may also wish to refer to *MLN Matters* article MM3440 on the requirements to submit claims electronically. That article is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm3440.pdf> on the CMS web site.

If you have any questions, contact your carrier/DMERC/FI/RHHI at their toll free number, which is available at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.pdf> on the CMS web site.

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